

# **COLORADO DEPARTMENT OF HEALTH WASTE MANAGEMENT DIVISION**

EPA NO. C44588  
FILE NO. GR1-7

SEMS 213385

## **GENERATOR BIENNIAL HAZARDOUS WASTE REPORT FOR 1985**

### **I. NON-REGULATED STATUS**

Complete this section only if you did not generate regulated quantities of hazardous waste at any time during the 1983 calendar year. Circle the one code at right that best describes your status during the entire year (see instructions for explanation of codes).

- 1 Non-handler
- ② Small Quantity Generator
- 4 Exempt
- 5 Beneficial Use
- 9 Closed

Please print type with elite type (12 characters per inch)

### **II. GENERATOR'S EPA I.D. NUMBER**

T/A C

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15  
C101D101917111414151818

This Installation's Non-Regulated Status is Expected to Apply:

- ☐ For 1985 Only
- ☒ Permanently
- ☐ Other \_\_\_\_\_

303 ENTRY (OFFICIAL USE ONLY)

### **III. NAME OF INSTALLATION**

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30  
AMIA XI EXTRACTIVE FILLING & DILUTION CENTER

### **IV. INSTALLATION MAILING ADDRESS**

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30  
51915101 Mc Intyre Dr

Street or P.O. Box

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30  
40011111111111111111111111111111

City or Town

41 42 43 44 45 46 47 48 49 50 51  
CO 8041013  
State Zip Code

### **V. LOCATION OF INSTALLATION (if different than section IV above)**

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30  
5

Street or Route number

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30  
6

City or Town

41 42 43 44 45 46 47 48 49 50 51  
CO 8041013  
State Zip Code

### **VI. INSTALLATION CONTACT**

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30  
Richard M. Rowle

Name (last and first)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30  
3031-2791-7636

Phone No. (area code & no.)

### **VII. CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. K. Bhasin

Director

A. K. Bhasin

Signature of Authorized Representative

2/25/86

Date Signed